



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, February 11, 2019**

SB 46, An Act Prohibiting Hospitals From Charging Fees For Trauma Activation

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 46, An Act Prohibiting Hospitals From Charging Fees For Trauma Activation**. CHA opposes this bill.

Before commenting on the bill, it's important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. They do more than treat illness and injury. They build a healthier Connecticut by improving community health, managing chronic illness, expanding access to primary care, preparing for emergencies, and addressing social determinants of health. By investing in the future of Connecticut's hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

SB 46 would prohibit hospitals from charging a fee for a trauma activation. Only facilities designated by the American College of Surgeons (ACS) as a trauma center can utilize a billing code for trauma activation, and they can only do so under certain circumstances. Currently, there are 12 ACS-designated trauma centers in Connecticut¹, with one hospital working toward designation².

Connecticut trauma centers treat all injured patients, 24 hours a day, 7 days a week, 365 days a year, regardless of their ability to pay. They treat the very young to those who are very old. At *all* times, trauma centers must have the full range of emergency healthcare providers and services available, ranging from the entire spectrum of surgical specialists to radiologists, trauma nurses, lab technicians, respiratory specialists, educators, support staff, and quality improvement specialists. In addition, trauma centers must meet strict capital and training requirements as a condition of designation by the ACS. Each designated trauma center must undertake a rigorous designation process and a re-designation process every three years thereafter.

¹ Bridgeport Hospital, Connecticut Children's Medical Center, Danbury Hospital, Hartford Hospital, Norwalk Hospital, Saint Francis Hospital and Medical Center, Saint Mary's Hospital, St. Vincent's Medical Center, Stamford Hospital, Waterbury Hospital, The William W. Backus Hospital, and Yale New Haven Hospital

² UConn John Dempsey Hospital

The level of commitment by designated trauma centers, coupled with the public's expectation of receiving high quality care, requires trauma centers to make ongoing investments in readiness, which includes, but is not limited to, continuous professional education, as well as data reporting and participation in quality improvement initiatives. These activities and the associated resources expended are required regardless of the number of trauma cases treated or a patient's ability to pay for the services provided. The use of a billing code for trauma services rendered is a means by which trauma centers can sustain their trauma designation and provide critical services to their communities.

Generally, trauma activation fees support and provide the ability to offer essential trauma services, which are specialized and differ from services rendered in the Emergency Departments. Trauma fees are certain codes that are applied to capture the activation of a trauma team, based on a pre-hospital notification from an EMS provider that an individual has sustained substantial and potentially life-threatening injuries (i.e., trauma fees cannot be charged for those who self-present at a trauma center, regardless of the severity of the injuries). These charges vary based on level of activation due to differences in team response, (e.g., full activation, partial activation, and trauma evaluations). These charges comprise the expenses for each team member responding, as well as the equipment and resources that need to be ready at all times. The fees support the mission of designated trauma centers and eliminating them would jeopardize their ability to provide critical care, which is literally a matter of life and death for patients.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.